

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

YOLANDA F.,

Plaintiff,

v.

COMMISSIONER OF SOCIAL SECURITY,

Defendant.

Case No. C19-6053 RSM

**ORDER AFFIRMING THE  
COMMISSIONER'S FINAL  
DECISION AND DISMISSING THE  
CASE WITH PREJUDICE**

Plaintiff seeks review of the denial of her applications for Supplemental Security Income and Disability Insurance Benefits. Plaintiff contends the ALJ erred by discounting her testimony and two medical opinions and relying on another medical opinion. Dkt. 12. As discussed below, the Court **AFFIRMS** the Commissioner's final decision and **DISMISSES** the case with prejudice.

**BACKGROUND**

Plaintiff is 49 years old, has a limited education, and has no past relevant work. Dkt. 10, Admin. Transcript (Tr.) 26. Plaintiff alleges disability as of June 1, 2017. Tr. 17. After conducting a hearing in September 2018, the ALJ issued a decision finding Plaintiff not disabled. Tr. 40-98, 17-28. The ALJ found Plaintiff's posttraumatic stress disorder (PTSD) and bipolar

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1 disorder limited her to simple, routine work with few changes and without fast-paced production  
2 requirements, occasionally interacting with coworkers and the public. Tr. 20, 22.

### 3 DISCUSSION

4 This Court may set aside the Commissioner's denial of Social Security benefits only if  
5 the ALJ's decision is based on legal error or not supported by substantial evidence in the record  
6 as a whole. *Trevizo v. Berryhill*, 871 F.3d 664, 674 (9th Cir. 2017).

#### 7 A. Plaintiff's Testimony

8 The ALJ could only discount Plaintiff's testimony as to symptom severity by providing  
9 "specific, clear, and convincing" reasons supported by substantial evidence. *Trevizo*, 871 F.3d at  
10 678. The ALJ discounted Plaintiff's testimony of disabling mental symptoms when not  
11 medicated and severely sedating side effects when medicated, finding her mental symptoms were  
12 due in part to situational stressors, treatment noncompliance was an "issue" and her symptoms  
13 improved with treatment, and her mental status examination results were largely normal and  
14 stable. Tr. 24; Tr. 72-73. The ALJ also found Plaintiff's ability to survive periods of  
15 homelessness indicated an ability to "adapt to ... change, and carry out simple and routine  
16 requirements on a regular basis." Tr. 25. However, merely continuing to remain alive does not  
17 indicate an ability to perform full-time work. *Cf. Smolen v. Chater*, 80 F.3d 1273, 1284 n. 7 (9th  
18 Cir. 1996) ("The Social Security Act does not require that claimants be utterly incapacitated to  
19 be eligible for benefits....").

20 The ALJ identified evidence Plaintiff experienced extreme situational stress, but no  
21 evidence such stress caused her symptoms. Unsupported by substantial evidence, this cannot be  
22 a clear and convincing reason to discount Plaintiff's testimony.

23 The ALJ also stated Plaintiff had issues of treatment noncompliance, and improved when  
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1 receiving treatment. Impairments that can be “controlled effectively” by medication or treatment  
2 are not considered disabling for purposes of determining eligibility for Social Security benefits.  
3 *See Warre v. Comm’r of Soc. Sec. Admin.*, 439 F.3d 1001, 1006 (9th Cir. 2006). The ALJ  
4 identifies evidence medications provided some therapeutic benefit, but no evidence of  
5 improvement sufficient to show Plaintiff could work or to contradict her testimony.  
6 Improvement with treatment was not a specific and legitimate reason to discount Plaintiff’s  
7 testimony.

8         The ALJ also cited consistently normal mental status examination findings. Plaintiff  
9 refers vaguely to symptoms waxing and waning, but points to no supporting evidence. Dkt. 12 at  
10 4. Plaintiff also argues her mental status inside a provider’s office gives no indication of her  
11 ability to work. Dkt. 14 at 2. But the ALJ reasonably inferred that, in an appointment to treat  
12 depression, clinical observations the provider chose to make were relevant to Plaintiff’s mental  
13 function in the world, not just in a doctor’s office. *See* Tr. 430. In a thorough mental status  
14 examination, the provider documented normal orientation, mood, affect, behavior, fund of  
15 knowledge, language, insight, attention span, and concentration, with no agitation, anhedonia,  
16 compulsive behavior, euphoria, fearfulness, flight of ideas, forgetfulness, grandiosity,  
17 hallucinations, hopelessness, memory loss, mood swings, paranoia, pressured speech, or suicidal  
18 ideation. Tr. 433-34. Every measure was normal except Plaintiff was anxious. Tr. 433. Other  
19 mental status examinations also showed entirely normal results except anxiety. *See, e.g.*, Tr.  
20 460-61. These extensive normal clinical findings contradicted Plaintiff’s testimony that, for  
21 example, she was too forgetful even to do laundry and experienced hallucinations and  
22 overwhelming emotion. Tr. 72-73, 78, 79. These contradictions were a clear and convincing  
23 reason to discount Plaintiff’s testimony. *See Carmickle v. Comm’r, Soc. Sec. Admin.*, 533 F.3d

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1 1155, 1161 (9th Cir. 2008) (“Contradiction with the medical record is a sufficient basis for  
2 rejecting a claimant’s subjective testimony.”).

3 The Court concludes the ALJ did not err by discounting Plaintiff’s testimony.

#### 4 **B. Medical Opinions**

##### 5 **1. Curtis G.G. Greenfield, Psy.D.**

6 In March 2017, Dr. Greenfield diagnosed Plaintiff with PTSD, stimulant use disorder in  
7 early remission, and mild cannabis use disorder, and opined she was unable to communicate and  
8 perform effectively, maintain appropriate behavior, complete a normal work day and work week,  
9 and set realistic goals and plan independently. Tr. 303. The ALJ found Dr. Greenfield’s  
10 opinions unpersuasive because Plaintiff’s providers regularly reported normal mental status  
11 examination results. Tr. 26. Plaintiff argues “[a]ssessing [her] ability to work based on the  
12 results of a mental status examination is meaningless.” Dkt. 12 at 7. Plaintiff fails to explain  
13 why assessments her health care providers made for purposes of treatment should be considered  
14 meaningless. The ALJ reasonably inferred that consistently largely normal results of  
15 examinations performed for treatment purposed better reflected Plaintiff’s long-term condition  
16 than the less normal results from Dr. Greenfield’s one-time examination. *See Batson v. Comm’r,*  
17 *Soc. Sec. Admin.*, 359 F.3d 1190, 1193 (9th Cir. 2004) (“[T]he Commissioner’s findings are  
18 upheld if supported by inferences reasonably drawn from the record.”).

19 While the parties disagree on the standard of review, the Court concludes the ALJ did not  
20 err by discounting Dr. Greenfield’s opinion under either standard. Consistency with the record is  
21 one of the primary factors an ALJ considers. 20 C.F.R. § 416.920c(b)(2) (“The factors of  
22 supportability ... and consistency ... are the most important factors we consider when we  
23 determine how persuasive we find a medical source’s medical opinions....”). And inconsistency

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1 with the medical record was a specific and legitimate reason to discount Dr. Greenfield's  
 2 opinions under Ninth Circuit precedent. *See Batson*, 359 F.3d at 1195 (that opinions were  
 3 "contradicted by other statements and assessments of [claimant's] medical conditions" and  
 4 "conflict[ed] with the results of a consultative medical evaluation" were specific and legitimate  
 5 reasons to discount the opinions).

6 The Court concludes the ALJ did not err by discounting Dr. Greenfield's opinions.

## 7 **2. Alyssa Ruddell, Ph.D.**

8 In April 2016, Dr. Ruddell examined Plaintiff and opined she had marked limitations in  
 9 most work-related areas, including maintaining punctual attendance, learning new tasks, and  
 10 completing a normal work day and work week. Tr. 448. The ALJ discounted Dr. Ruddell's  
 11 opinions as inconsistent with the longitudinal medical record, and noted her examination  
 12 occurred over a year before Plaintiff's alleged onset date. Tr. 26. As with Dr. Greenfield's  
 13 opinions, inconsistency with largely normal findings in treatment notes was a sufficient reason to  
 14 discount Dr. Ruddell's opinions. Plaintiff argues the consistency between Dr. Greenfield's and  
 15 Dr. Ruddell's opinions undermines the ALJ's reasoning. Dkt. 12 at 8. First, Dr. Greenfield's  
 16 and Dr. Ruddell's reports vary both in clinical findings and in opined limitations. *Compare, e.g.,*  
 17 Tr. 304-05 (normal attitude/behavior; abnormal orientation) *with* Tr. 449 (abnormal attitude/  
 18 behavior; normal orientation). More importantly, consistency between two examinations for  
 19 assessment purposes does not outweigh consistent reports by treating providers over the course  
 20 of several years. The Court concludes the ALJ did not err by discounting Dr. Ruddell's  
 21 opinions.

## 22 **3. Carla van Dam, Ph.D.**

23 Plaintiff contends the ALJ erred by finding persuasive Dr. van Dam's opinion that  
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Plaintiff could perform simple work full time, because Dr. van Dam “did not review all of the relevant medical evidence and did not account for the Plaintiff’s testimony about her limitations.” Dkt. 12 at 8. However, the ALJ permissibly discounted Plaintiff’s testimony, and there is no requirement for a medical source to review every piece of medical evidence in the record before providing an opinion. Moreover, an ALJ is not required to provide reasons in support of incorporating a medical opinion into the RFC determination. *See Turner v. Comm’r of Soc. Sec. Admin.*, 613 F.3d 1217, 1223 (9th Cir. 2010) (“the ALJ did not need to provide ‘clear and convincing reasons’ for rejecting [a treating doctor’s] report because the ALJ did not reject any of [his] conclusions”); *see also Orteza v. Shalala*, 50 F.3d 748, 750 (9th Cir. 1995) (ALJ must provide reasons for rejecting a medical opinion, but not for accepting and interpreting one). Plaintiff argues Dr. van Dam disagreed with Dr. Greenfield’s and Dr. Ruddell’s opinions for poor reasons. Dkt. 12 at 8. However, because the ALJ permissibly discounted Dr. Greenfield’s and Dr. Ruddell’s opinions, Dr. van Dam’s disagreement with them provides no reason the ALJ should have rejected her opinions. Plaintiff has shown no error.

### CONCLUSION

For the foregoing reasons, the Commissioner’s final decision is **AFFIRMED** and this case is **DISMISSED** with prejudice.

DATED this 17<sup>th</sup> day of July, 2020.



RICARDO S. MARTINEZ  
CHIEF UNITED STATES DISTRICT JUDGE

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